MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO. 10 765757

APPLICANT(S)

FILING DATE

CLAIMS

CLAIM	AS FILED IND	AS FILED DEP	AFTER 1ST AMENDMENT IND	AFTER 1ST AMENDMENT DEP	AFTER 2ND AMENDMENT IND	AFTER 2ND AMENDMENT DEP
1	1					
2		1				
3		1				
4		1				
5		3				
6		4				
7		1/3				
8		3				
9		4				
10		3				
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49						
50						
TOTAL IND.						
TOTAL DEP.	52					
TOTAL CLAIMS	53					

CLAIM	IND	DEP	IND	DEP	IND	DEP
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